

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr. Hardisty

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

AUG 22 1936

27317

1. PLACE OF DEATH
 County Marion Registration District No. 547
 Township Masson Primary Registration District No. 3029
 City Hannibal (No. 120 North Steving St. 6 Ward)

2. FULL NAME Samuel William Smiley
 (a) Residence, No. 120 North Steving Ave. St. 1 Ward 6
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. _____
 Registered No. 199
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

OCCUPATION	3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>	
	5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Agnes Alexander Smiley</u>			
MOTHER	6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 20 - 1853</u>			
	7. AGE <u>83</u>	YEARS <u>5</u>	MONTHS <u>24</u>	DAYS <u>24</u>
	If LESS than 1 day, _____ hrs. or _____ min.			
FATHER	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Mail Clerk</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (month and year) <u>1914</u>			
11. Total time (years) spent in this occupation _____				
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lincoln Co. Mo.</u>				
13. NAME <u>David Barton Smiley</u>				
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lincoln Co. Mo.</u>				
15. MAIDEN NAME <u>Mildred Welch</u>				
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>				
17. INFORMANT (ADDRESS) <u>Geo. B. Smiley Hannibal Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mills Creek Cemetery July 16, 1936</u>				
19. UNDERTAKER (ADDRESS) <u>Hannibal Mo.</u>				
20. FILED <u>July 16, 1936</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14 - 1936

22. I HEREBY CERTIFY, That I attended deceased from 1934 to 1936
 I last saw him alive on 7-13-36 Death is said to have occurred on the date stated above, at 9:15 P.M.
 The principal cause of death and related causes of importance were as follows:
arterio sclerosis Date of onset 1 P. 30

Other contributory causes of importance: 97

Name of operation no Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) Dr. Hardisty, M. D.
 (Address) Hannibal Mo.

